

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **107 82017**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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39		1				
40	1					
41		1				
42		1				
43		1				
44		3				
45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	4					
TOTAL DEP.		119				
TOTAL CLAIMS		123				

  

	IND	DEP	IND	DEP	IND	DEP
51		3				
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
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100						
TOTAL IND.	4					
TOTAL DEP.		119				
TOTAL CLAIMS		123				